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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | NCWISE: | | | | | Date of PEP: \_ \_/\_ \_/\_ \_ \_ \_ Date of Update: \_ \_/\_ \_/\_ \_ \_ \_  Date of Update: \_ \_/\_ \_/\_ \_ \_ \_ Date of Update: \_ \_/\_ \_/\_ \_ \_ \_ | | | | | | | | | | |
| School: | | | | Name and Address of Parent/ Guardian: | | | | | | | | | | | | | | | |
| Teacher: | | | | DOB: | | Grade: **7th** | | | | | Retentions Grade Level | | | | | | | | |
| Attendance  Pre K: n/a  K: **8A, 1T**  1: **15A**  2: **24A, 4T**  3: **22A, 4T**  4: **4A, 5T**  5: **10A, 11T**  6: **12A, 5T**  7: \_\_\_\_\_\_\_\_  8: \_\_\_\_\_\_\_\_ | Date of Vision: **x/xx/xx**  \_\_**x**\_\_\_\_Passed \_\_\_\_\_\_ Not Passed | | | | EOG Scores | | Reading | | | | | Math | | | | Writing | | Science | |
| Grade | | Score | | | Level | | Score | | Level | | Score | Level | Score | Level |
| 3rd Pretest | |  | | |  | |  | |  | |  |  |  |  |
| Date of Hearing:  \_\_**x**\_\_\_\_Passed \_\_\_\_\_\_Not Passed | | | | 3rd EOG | | **335** | | | **2** | | **333** | | **2** | |  |  |  |  |
| 4th EOG | | **345** | | | **3** | | **350** | | **3** | |  | **2** |  |  |
| 5th EOG | | **344** | | | **2** | | **352** | | **3** | |  |  |  |  |
| 6th EOG | | **360** | | | **3** | | **352** | | **2** | |  |  |  |  |
| 7th EOG | |  | | |  | |  | |  | |  |  |  |  |
| 8th EOG | |  | | |  | |  | |  | |  |  |  |  |
| Current Reading Performance | | | Current Writing Performance | | | | | | | | | | Current Math Performance | | | | | | |
| **Grade C**  **Does not turn in complete assignments** | | | **Grade C**  **Does not turn in complete assignments** | | | | | | | | | | **Grade C**  **ClassScapes Obj. 1 70% (class average 75%)** | | | | | | |
| Areas of Concern | | | | | | | | | | | | | | | | | | | |
| Language Arts | | Math | | | | | | Behavior | | | | | | | Other | | | | |
| \_\_\_ Phonemic Awareness  \_\_\_ Word Identification  \_\_\_ Sight Word Vocabulary  \_\_\_ Reading Comprehension  \_\_\_ Reading Fluency  \_\_\_ Written Expression  \_\_\_ Writing Mechanics  \_\_\_ Writing Conventions  \_\_\_ Vocabulary  \_\_\_Other | | \_\_\_ Basic Math Facts  \_\_\_ Computation  \_\_\_ Problem-Solving  \_\_\_ Word Problems  \_\_\_ Geometry  \_\_\_ Measurement  \_\_\_ Probability  \_\_\_ Data Analysis  \_\_\_ Algebra  \_\_\_ Other | | | | | | \_**x**\_ Noncompliance  \_\_\_ Motivation  \_**x**\_ Attention Span  \_\_\_ Peer Relationships  \_\_\_ Withdrawn/ Moody  \_**x**\_ Overactive  \_\_\_ Verbally Aggressive  \_**x**\_ Physically Aggressive  \_**x**\_ Task Avoidance  \_\_\_Other | | | | | | | \_\_\_ Medical  \_\_\_ Motor Skills  \_\_\_ Speech/Language  \_\_\_ Mental Energy  \_\_\_Mental Effort  \_\_\_Alertness  \_\_\_Time Management  \_\_\_Organization  \_\_\_Communication Skills  \_\_\_Receptive Language | | | | |
| Behavioral Concerns? Additional Comments/ Information? Observations? Outside Services:  **Callouts, Off-task, Out-of-seat, Playing at desk, Pushing, Work Completion** | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Review Date: Review Date: Review Date: | |
| Describe Parental Concerns/ Involvement in Plan Development:  **Concerned about homework completion, aggressive at home to brother, always active, going to bring information to pediatrician** | | Strengths:  **Going to library and looking at books, likes football, responds well to counselor** | |
| Problem Definition for Target Area of Concern:  (What is the specific difficulty and what is it impacting?) | | Baseline Data for Target Skill:  (Give the name of the assessment and score) | |
| **1.**  **Lack of work completion in negatively impacting grades** | | **Completing 7 assignments out of 10 per week** | |
| **2.**  **Difficulty maintaining personal boundaries (keeping hands and feet to self) negatively impacts peer interactions** | | **1 referral to principal for pushing** | |
| Intervention  ACTIVITY/ TIME/ DAYS | Intervention Results  (Assessments and Scores) | How did the Interventions Work? | Decision Information  Explain Below |
| **1.**  **Teach student to initiate work by covering all but one item at a time**  **5 min/day**  **5days/week** | **Completing 6 out of 10 assignments per week** | **Student was unable to self-monitor and needs additional teacher support and instruction to learn this skill** | Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_  Continue: \_\_\_\_\_  Modify: \_\_\_\_\_  Discontinue: \_\_\_\_\_  Request for Intervention Assistance (Tier II): \_**x**\_ |
| **2.**  **Teach student social skills through class-wide bell-ringer instruction addressing bullying behaviors, how they make students feel, and consequences of behavior**  **5 min/day**  **5 days/week** | **Another office referral for pushing** | **Was off-task during instruction and did not attend to or retain the instruction** | Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_  Continue: \_\_\_\_\_  Modify: \_\_\_\_\_  Discontinue: \_\_\_\_\_  Request for Intervention Assistance (Tier II): \_**x**\_ |
| Meeting Notes/ Modified Interventions: | | | |
| **Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Parent Signature Teacher Signature**  **Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Parent Signature Teacher Signature**  **Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Parent Signature Teacher Signature** | | | |